

.00

## NY STATE CLIENT SEMI-ANNUAL REPORT

Marking Instructions: Please type or use blue or black ink pen.

Compensation for current period: \$

O Continued on attached pages

Completely fill in one circle.

Print legible numbers and block letters, no script.

COMPLETE ALL SECTIONS

before submitting or form will be returned.

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Client Information			
ame: New York Public Transit Association, Inc. (	CL001559)		
A delivered 136 Everett Pd			
ermanent Business Address: 136 Everett Rd	State:	NY	ZIP code: 12205
ity: Albany usiness Phone: 518-434-9060	Fax Nu	ımber: 518-426-7092	
nird Party Beneficiary (see instructions): N/A			
		I David Oalvi	
Lobbyist(s) Information & Cor ny individual or organization that has lobbied preshold was exceeded by that individual or co	OII Delidii OI III O	ust be reported below, re	gardless of whether the
Type of Lobbyist:   Retained	O Employed	O Designated	
Level of Gov't: State Lobbying	O Local Lobbying	O Both	10 465 7220
Name: Weingarten, Reid & McNally LLC		Phone Number: 5	18-405-7550
Address: One Commerce Plaza, Suite 1105		State: NY	ZIP code: 12210
City: Albany		Sidie. W	
Compensation for current period: \$13	000 .00 O Employed	O Designated	
Type of Lobbyist: O Retained	O Local Lobbying	O Both	
Level of Gov't: O State Lobbying		Phone Number:	
Name:			
Address: City:		State:	ZIP code:
Compensation for current period: \$	.00		nucleon participation of the second
C Type of Lobbyist: O Retained	O Employed	O Designated	
Level of Gov't: O State Lobbying	O Local Lobbying	○ Both	
Name:		Phone Number:	
Address:		State:	ZIP code:
City:	00	Siule.	
	.00		

D TOTAL COMPENSATION of ALL lobbyists for current period........(A+B+C+addendum sheets): \$13,000

A Report in the aggregate all expenses test that of equal to the control of the aggregate all expenses for salaries of non-lobbying employees:  C Itemize each expense exceeding 578: PAID TO: Weingarten, Reid & McNally, LLC PURPOSE: Reimbursed expenses O PROCUREMENT O NONPROCUREMENT O NONPROCUREMENT O NONPROCUREMENT O AMOUNT:  S 128 O *Addendum attached O PROCUREMENT O NONPROCUREMENT O AMOUNT: S 176.00 *Addendum attached O PROCUREMENT O NONPROCUREMENT O Continued on attached pages  * It any expense listed above exceeds \$75 for an individual, you must attach the addendum page listing the expense, dollar amount attributable to the individual and the name, little and employer of the individual.  D Total expenses for current period:  S 304.00  If applicable, include all expenses from attached pages in to the individual and the name, little and employer of the individual.  Total expenses for current period:  S 304.00  If applicable, include all expenses from attached pages in to the individual and the name. It is a source for a Contribution(s), use Section A. In the expense, dollar amount attributable to the individual source to a Contribution(s), use Section A. In the expense in the expense of the expense in the structions:  In the event only one person or entity is listed as the Single Source for a Contribution(s), use Section A. In the expense in the expense in the structions:  A a solid expense of function in the expense is a single Source for a Contribution(s), use Section A. In the expense is a single Source for a Contribution of the additional Contributions.  Contribution(s) from Single Source #1  Single Source Person's Last Name:  Address: 110 Watervilet Ave.  City: Albany Phone: 518-482-3371  Date Contribution Received: / / Amount of Contribution: \$00  Date Contribution Received: / / Amount of Contribution: \$00  Date Contribution Received: / / Amount of Contribution: \$00  Date Contribution Received: / / Amount of Contribution: \$00  Check here if using section V(C) of the Addendum for addition	V Other Expenses (Current Se			\$	Cape o no of the	72 .00
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AND TO: Weingarten, Reid & McNally, LLC  JRPOSE: Reimbursed expenses  AMOUNT: \$ 128 .00	Report in the aggregate all expenses for	salaries of no	n-lobbying employee	s: \$		0.00
AMOUNT: \$ 128 .00			DATE: /	1	O 4	d O Social Even
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AND TO: Weingarten, Reid & McNally LLC  AND TO: Weingarten, Reid & McNally LLC  AND TO: Weingarten, Reid & McNally LLC  AND TO: \$ 176.00	Melitibulaca expenses	CAACAIT	AMOUNI. 4	128		Addendom andomos
AMOUNT: \$ 176.00		EMICINI	DATE: 12 /21	/2012	O 4	d O Social Even
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Continued on attached pages  * If any expense listed above exceeds \$75 for an individual, you must attach the addendum page listing the expense, dollar amount attributable to the individual and the name, little and employer of the individual.  **Total expenses for current period:**  **			AMOUNI. 3	1/6.00	0	Addendom andened
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**Source of Funding Disclosure**  In the event only one person or entity is listed as the Single Source for a Contribution(s), use Section A. In the Introductions:  In the event only one person or entity is listed as the Single Source for a Contribution(s), use Section A. In the Introductions:  In the event only one person or entity is listed as the Single Source for a Contribution(s), use Section A. In the Stander Source, Include the date and the amount of the Contribution Source and the amount of the Contribution Source in Introduction and the Contribution Source in Introduction and the Contribution Source in Introduction and Introductions and Introd			t-dividual you must	t attach the a	ddend	um page listing the
In the event only one person or entity is listed as the Single Source for a Contribution(s), use section event multiple persons or entities have been aggregated as a single Source for a Contribution(s), use section event multiple persons or entities have been aggregated as a single Source for a Contribution(s), use section event multiple persons or entities have been aggregated as a single Source for a Contribution(s), use section with the section of the Contributions of the Contributions from the Single Source include the date and the amount of the Contribution of the Contributions.  Contribution(s) from Single Source #1  inagle Source Entity's Name: Capital District Transportation Authority  of the Contribution of Contribution of Contribution:  First Name:  City: Albany  Phone: 518-482-3371  Cote Contribution Received: 02 / 23 / 2012 Amount of Contribution: \$ 1,750.00  Cote Contribution Received: / / Amount of Contribution: \$ .00  Cote Contribution Received: / / Amount of Contribution: \$ .00  Cote Contribution Received: / / Amount of Contribution: \$ .00  Cote Contribution Received: / / Amount of Contribution: \$ .00  Cote Contribution Received: / / Amount of Contribution: \$ .00  Cote Contribution Received: / / Amount of Contribution: \$ .00  Cote Contribution of Contribution: \$ .00  Cote Contribution of Contribution: \$ .00  Contribution of Contribution: \$ .0	Total expenses for current period: \$	3	(if applicable,	include all exp	enses f	from attached pages in tota
Ingle Source Entity's Name: Capital District Transportation Authority Ingle Source Person's Last Name: Ingle Source Person's Last Name: City: Albany State:NY State:NY ZIP code:12206 Thome: 518-482-3371 Thom	structions:  In the event only one persons or event multiple persons or expending the persons of expension of the persons or expension of the	on or entity is lentities have be received from Contributions	the Single Source. Ir from the Single Source			he amount of the Contributi
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Check here if using section V(C) of the Addendum for additional Contributions.  Check here if there are Contribution(s) from Single Source(s) other than those listed above. Use Section V(A) of the		Ndendum for a	additional Contribution	ns:		

## Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

## V Source of Funding Disclosure

	Below, list all Contributions received from the Single Source.	Include the date and the amount of the Contribution
А	received.	

Contributions from Single Source #3				
ingle Source Entity's Name: Metropo	olitan Tra	nsportation Au	ithority	
or lingle Source Person's Last Name:			First Name:	
Address: 347 Madison Ave				ZIP code:10017
City: New York			State: NY	211 00 00 1100 17
Phone: 212-878-7313				9,000 .00
Date Contribution Received: 03	/14	/2012	Amount of Contribution: \$	.00
Date Contribution Received:	1	1	Amount of Contribution: \$	.00
Date Contribution Received:	1	1	Amount of Contribution: \$	.00
Date Contribution Received:	1	1	Amount of Contribution: \$	.00
Date Contribution Received:	1	1	Amount of Contribution: \$	0
Check here if using section V(C) of the	Adden	dum for additio	onal Contributions:	
Contributions from Single Source #	4			
Single Source Entity's Name: Niagara	Frontie	r Transportatio	n Authority	
or Single Source Person's Last Name:			First Name:	
Address: 181 Ellicott St				
City: Buffalo			State: NY	ZIP code:14203
Phone: 716-855-7300				
	/ 23	/ 2012	Amount of Contribution: \$ 2,310	.00
Date Contribution Received:	/	1	Amount of Contribution: \$	.00
Date Contribution Received:	1	1	Amount of Contribution: \$	.00
Date Contribution Received:	1	1	Amount of Contribution: \$	.00
Date Contribution Received:	1	1	Amount of Contribution: \$	.00
Check here if using section V(C) of the	e Adder	ndum for addit	ional Contributions:	
Contributions from Single Source #				
Single Source Entity's Name: Nova	Bus		First Marine Ct	
Single Source Person's Last Name:			First Name:	
Address: 260 Banker Rd				ZIP code:14609
City: Plattsburgh			State: NY	211 0000.14009
Phone: 518-566-6682				.00
Date Contribution Received: 0	7 /12	/ 2012	Amount of Contribution: \$ 1,36	.00
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Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

Source of Funding Disclosure	
A Below, list all Contributions received t	from the Single Source. Include the date and the amount of the Contribution
received.	And Control of the Co
contributions from Single Source #	r Genesee Regional Transportation Anthority First Name:
ingle Source Entity's Name. Rockeste	First Name:
ingle Source Person's Last Name:	71131 113.113
address: 1372 East Main St	State: NY ZIP code: 14609
City: Rochester	Sidic. $\sim 1$
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Date Contribution Received: / /	Amount of Contribution: \$ .00
Check here if using section V(C) of the Addendum	for additional Contributions:
Address: 100 EAST First St  City: Mount Vernon  Phone:  Date Contribution Received: 03 / 13 /  Date Contribution Received: / /  Date Contribution Received: / /  Date Contribution Received: / /	State: NY NY  ZIP code: /0550  Amount of Contribution: \$ 2, 160 .00  Amount of Contribution: \$ .00
Date Contribution Received: / /	
Check here if using section V(C) of the Addendum	n for additional Contributions.
Contributions from Single Source #	
Single Source Entity's Name:	First Name:
Single Source Entity's Name:	First Name:
Single Source Entity's Name:	7IP code:
Single Source Entity's Name: or Single Source Person's Last Name:	
Single Source Entity's Name: or Single Source Person's Last Name: Address:	State: NY ZIP code:  Amount of Contribution: \$ .00
Single Source Entity's Name: or Single Source Person's Last Name: Address: City:	State: NY ZIP code:  / 2012 Amount of Contribution: \$ .00
Single Source Entity's Name: or Single Source Person's Last Name: Address: City: Phone:	State: NY  ZIP code:  / 2012  Amount of Contribution: \$ .00  Amount of Contribution: \$ .00
Single Source Entity's Name: or Single Source Person's Last Name: Address: City: Phone: Date Contribution Received: 67 / 12	State: NY  ZIP code:  / 2012  Amount of Contribution: \$ .00  Amount of Contribution: \$ .00  Amount of Contribution: \$ .00
Single Source Entity's Name: or Single Source Person's Last Name: Address: City: Phone: Date Contribution Received:  Date Contribution Received: /	State: NY  ZIP code:  / 2072

Check here if using section V(C) of the Addendum for additional Contributions:

Subjects lobbied:	VIII Person, State Agency, Municipality or Legislative Body lobbied:
	O Continued on attached pages
) Continued on attached pages	
2 Parts Number or brief	VIII Title and Identifying Numbers of procurement
Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which	contracts/documents lobbied:
you lobbied:	
4002 S2802 A4003A S2308A A4004A S2804A	
4005 S2805 A4006 S2806 A4007A S2807A A4008A	
2808A A4009A S2809A A4010A S2810A A4011A	
S2811A A4012A S2812A A4013 S2813 S4257A	
Continued on attached pages	O Continued on attached pages
2 Conlinued on anderiou page	X Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:
X Number or Subject Matter of Executive Order of Governor/Municipality lobbied:	
O U Lad aggos	O Continued on attached pages
O Continued on attached pages	
I declare under penalty of perjury that the inf correct, and complete to the best of my know	tive Officer. (If the Chief Administrative Officer, for any her person to sign this Declaration.) (See instructions.) ormation contained in this report is true, yledge and belief.
X SIGNATURE: Kalhlew ( Vandt )	7 DATE: /////
PRINT NAME: LAST Kathleen A. Wan Del	OO FIRST
TITLE:	- Lottori
Mark One: O Chief Administrative Officer	O Designee(Attach Letter)
	in a submission:
。 第一章	
The following MUST be attached to this re	port at the time of submission.  annual report. (No fee is required for amendments to the original designee in section XI.

--If applicable, a designation letter if you have marked designee in section XI. --If applicable, continuation sheets for sections III,IV,V,VI,VII,VIII,IX and X.

PLEASE NOTE You may be assessed up to \$25 for each day this report is late.